STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE <u>ARKANSAS</u>

ATTACHMENT 3.1-A Page 10a

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised: A

April 1, 2002

CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Not provided.

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

Personal care services are medically necessary, prescribed services to assist clients with their physical dependency needs. Personal care services involve "hands-on" assistance, by a personal care aide, with a client's physical dependency needs (as opposed to purely housekeeping services). The tasks the aide performs are similar to those that a nurses aide would normally perform if the client were in a hospital or nursing facility.

For individuals age 21 and older, personal care services are provided in the client's home or other specified locations. Locations outside the home are: (1) Residential care facilities, (2) DDS Community based residential home and (3) DDS group homes.

For individuals under age 21, personal care services are provided in the client's home or other locations as mandated by the Omnibus Budget Reconciliation Act (OBRA) of 1993. Effective for dates of service on or after December 1, 1997, prior authorization is required.

Personal care services are covered for categorically needy individuals only.

Effective for dates of service on or after April 1, 2002, for services beyond **64** hours per calendar month, per recipient over age 21, the provider must request an extension. Extensions of the benefit limit will be provided for recipients over age 21 if determined medically necessary.